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Alberta Health Facilities Review Committee

1996 - 1997 ANNUAL REPORT

FOR THE PERIOD

APRIL 1, 1996
TO.
MARCH 31, 1997

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Alberta
HEALTH FACILITIES REVIEW COMMITTEE

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June, 1998

The Honourable Halvar C. Jonson
Minister of Health
Room 228, Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Jonson:

It is a pleasure to present the Annual Report of the Alberta Health Facilities Review Committee in accordance with section 16 (1) of the Health Facilities Review Committee Act. This report summarizes the activities for the period April 1, 1996 to March 31, 1997.

I thank the members of this committee for their dedication.

Respectfully submitted,

Ron Hierath

Ron Hierath, MLA
Chairman

Printed on Recycled Paper

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Members of the Committee

Chairman:	Ron Hierath, MLA Cardston-Taber-Warner
Members:	Janis Tarchuk, MLA Banff-Cochrane
	Lee Hunt
	Ray Jarl
	Bill Klasky
	Sherry McBeth
	Maureen Miliang
	Brenda Platzer
	Lynn Saliken
	Al Wilson
Committee Changes:	Charlotte Annable (Retired October 31, 1996)
	Bill Klasky (Appointed November 16, 1996)
Staff:	Gloria Ulrich, Executive Assistant
	Irene Sinclair, Administrative Support
	Elaine Kennedy, Administrative Support (Part-time)

The Chairman and committee members extend sincere appreciation to Mrs. Annable who retired in 1996. Thank you for your dedication and contribution to the work and activities of the committee.

Our Mission

The mission of the Health Facilities Review Committee is to ensure that quality care, treatment and standards of accommodation are maintained in health care facilities throughout Alberta.

The Committee provides the people of Alberta with a group of citizens to whom they may address their concerns relating to health care facilities in the province. The Health Facilities Review Committee acknowledges the importance of preserving the dignity and confidentiality of the individuals within the facilities the Committee visits.

The resources of the Committee are dedicated to promoting a partnership of excellence with all care providers throughout Alberta.

Alberta Health Facilities Review Committee

Who We Are

The Health Facilities Review Committee was established in 1973. The Committee is an active participant in Alberta's health care system as it reviews the provision of services and the delivery of programs in health care facilities.

The Committee consists of two members of the Legislative Assembly and ten private citizens who possess varied backgrounds, expertise and work experience. The private citizens on the Committee reside in communities throughout Alberta, urban and rural. All members serve part-time; they are not employees of the provincial government.

What We Do

The Committee's main activities include complaint investigations, unannounced reviews of facilities, and attending regular and ad hoc Committee meetings.

The Committee also maintains ongoing communications with key stakeholder groups including Alberta Health, Regional Health Authorities, health care associations, professional associations, operators and owners of health facilities, patients, residents and families.

The scope of activities and jurisdiction of the Committee is established by the *Health Facilities Review Committee Act and Regulations*.

Overview

The Health Facilities Review Committee's objective is to monitor and promote high standards of care and a good quality of life for patients and residents in Alberta's acute care, long term care, mental health, and special care facilities.

The Committee considers that the highest level of care is delivered when all persons working in a facility cooperate and focus their energy on the patient or resident.

The Committee believes in communication and cooperation that balance consumer choice and responsibility with the resources of health care providers.

The Committee encourages discussion about operations and service within Alberta's health care facilities.

The Committee operates on the principle that open communication is the best tool for resolving conflicts. It is important to help parties understand the nature of a problem and the expectations or limitations that may affect resolution. Once there is a clear understanding of issues and viewpoints, the shared task of problem resolution becomes possible. When a problem is resolved, complainants and facilities gain confidence in addressing and resolving future concerns together.

Complaint Investigations

Complaint investigation and resolution take priority over all other Committee responsibilities.

Persons initiating a complaint may contact the Committee in person or by calling or writing. All complainants (or legal guardians) must complete and sign an Authorization to Investigate form. Depending on the nature of the complaint, the Committee may also require a form be signed for the release of patient's/resident's health records. If authorization forms are not signed, the Committee will review the concern when conducting the next routine visit.

Complaints are first reviewed to decide if the matter is within the Committee's jurisdiction. If the complaint is outside the Committee's jurisdiction, the complainant is referred to the appropriate authority. For example, the Health Facilities Review Committee does not investigate complaints about physician conduct or medical decisions. Persons registering with these types of complaints are referred to the College of Physicians and Surgeons.

Problem resolution is a shared responsibility between facility users and providers. Thus in all cases, complainants are encouraged to attempt resolution of the difficulty by directly contacting the staff and/or management at the facility.

If a solution cannot be achieved in this manner, the Health Facilities Review Committee becomes directly involved. The team assigned to an investigation begins by contacting the parties involved, either in person or by telephone. Often misconceptions or misunderstandings are the sources of the complainant's concerns: the team may then attempt to arrange a meeting or a care conference to discuss and review the matter. The Committee serves as a mediator and facilitator to promote frank communication among patients, residents, family members, and facility management to find a resolution to the problem.

The Committee encourages all parties involved in a conflict situation to assume joint responsibility for solving a problem. Complaint investigation and resolution can be a time-consuming process. Direct personal interaction with complainants, staff and management has proven to be the most effective means of problem identification and resolution.

The Committee's profile and accessibility have been important factors in encouraging people to express their concerns and work towards problem resolution.

Who Files Complaints?

Complaints are registered by patients, residents, family members, concerned citizens or staff.

The Committee has also received requests from facility management to act as an impartial mediator to resolve concerns about care issues. Such requests usually occur after both complainant and management agree to the need for constructive, unbiased mediation to help find an amicable resolution.

What Kinds of Complaints are Filed?

Complaints may be filed about any aspect of patient/resident care, safety or satisfaction. Care concerns may include response of facility staff, patient monitoring issues, the use of restraint devices or medication administration.

Safety issues may relate to building maintenance, cleaning products, fire drills and other matters.

Concerns regarding satisfaction may relate to nursing care, food, the compatibility of a roommate, or the availability of care and services.

Many complaints result from poor communication among patients/residents, families and facility staff.

Are All Complaints Reviewed?

Complaints that are within the Committee's jurisdiction are fully investigated if the complainant completes the authorization forms. In the case of anonymous complaints or complaints where forms are not completed, the issues are considered at the time of the next routine review.

Complaint Resolution

Enhanced communication resulting from a Health Facilities Review Committee investigation clarifies needs and concerns; it brings about better understanding between the facility and the complainant(s).

The Health Facilities Review Committee investigation often results in recommendations being made to the facility. These are made with the intention of increasing the welfare and comfort of patients and residents.

Summary of Complaints

April 1, 1996 to March 31, 1997	
Action taken on Complaints	
New files opened	56
Of Which:	
Files Resolved	14
Files Carried Over to 1997/98 (Being monitored)	15
Authorized Forms Not Returned	11
Anonymous	7
Referred	4
Withdrawn	5

TABLE A

Files Carried Over From 1995/96

Resolved	12
Monitoring	2
Withdrawn	2
Referred	1

TABLE B

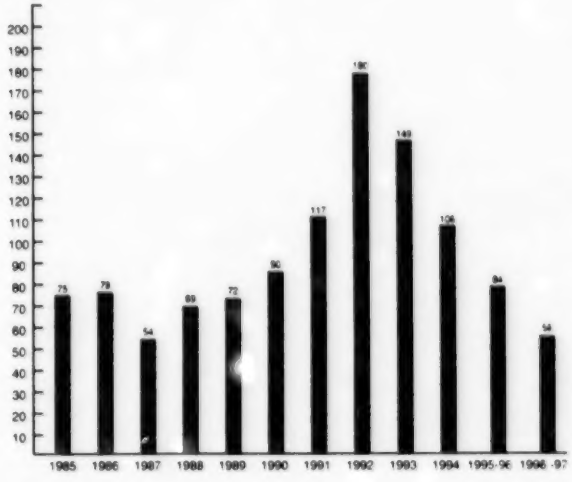
Type of Facility involved in Complaint Investigations Conducted

April 1, 1996 to March 31, 1997	
Mental Health Hospitals	2
Long Term Care Facilities	18
Acute Care Facilities	24
Special Care Centres	0

Anonymous and withdrawn complaints are not reflected in Chart B.

Twelve Year Summary

Twelve year summary comparison of the numbers of complaints received.



Summary of Nature of Complaints Received

(REPORTING PERIOD APRIL1, 1996
TO MARCH 31, 1997)

One complaint can involve a number of the following elements:

Nature	Resolved	Monitoring
Abuse (emotional, physical and/ or verbal	2	4
Accommodation	3	5
Admission Time/Emergency	2	1
Ambulance (referred)	2	1
Cleanliness	3	2
Communication	9	4
Dietary	1	3
Dismissal	-	1
Equipment/Supplies	2	2
Infection Control	4	2
Laundry	-	1
Loss of Possessions	1	2
Management	1	3
Medication	2	1
Neglect	3	6
Nursing Care	5	7
Outside Jurisdiction/Province (referred)	1	-
Physicians (referred)	4	1
Physiotherapy/Occupational/ Recreational Therapy	2	-
Policy	4	4
Refused Temporary Placement	2	-
RHA (referred)	5	3
Safety	1	2
Staff (attitudes/conduct)	6	3
Staff (reductions/levels)	3	1

Routine Reviews

A major part of the Committee's work involves unannounced visits to health care facilities. During each of these visits, members evaluate and monitor the quality of care, treatment and standards of accommodation offered. All facilities within the Committee's scope of responsibility are subject to routine review at any time.

When conducting random visits, Committee members work in teams of two to four people, depending on the size of the facility. At the beginning of each review the team meets with a senior management representative(s) to outline the nature of the review and to gather general information about the facility. Following this initial meeting, team members conduct the remainder of the review independently. Patients or residents, family members, visitors, staff and volunteers are interviewed at random and in privacy to gather their impressions of the care, services and programs provided at the facility.

During a review, members encourage open and frank discussion concerning the facility's operations. Based on the response received during interviews, members note both positive and negative comments about the facility.

At the conclusion of the review, members provide a verbal summary of their findings to the facility management. Areas of identified concern are discussed candidly. This is followed by a written report to the chairperson, Regional Health Authority with a copy to the facility.

In the case of non-profit and/or private organizations, a joint letter is sent to the Chairperson of the organization and the Regional Health Authority with a copy to the facility.

Reports address areas such as patient/resident care and satisfaction, staff attitudes and morale, recreational/rehabilitation programs, dietary services, patient/resident/staff safety, the overall environment or atmosphere, and general physical condition of the facility.

The report may include suggestions and/or recommendations for change if concerns are identified. Management is requested to report their remedial actions within three months.

If serious concerns are identified which directly affect patient or resident safety and well-being, recommendations are forwarded to the Minister of Health. The Committee may also conduct a follow-up visit to a facility to monitor progress on resolving concerns and implementing recommendations.

To assure uniformity of reviews, visit guidelines have been developed to provide Committee members with direction and resources.

Total Routines Visits Conducted April 1, 1996 to March 31, 1997 was 102.

The following provides a summary of routine visits conducted:

Acute Care Facilities	51
Continuing Care Facilities	49
Special Care Centres	2
Mental Health Facilities	0
TOTAL	**102**

Trends, Challenges and Changes

This was a period of change and growing public awareness of the need to evaluate the health care system, define basic services and identify individual and community health care needs.

Health agencies have implemented changes to make better use of existing resources and provide more efficient and effective care.

The Health Facilities Review Committee considers maintaining the quality of care and quality of life for patients and residents in Alberta's health care facilities to be most important in the restructuring years.

The Health Facilities Review Committee feels that compassionate and dignified health care is being preserved. It is in this regard that the Health Facilities Review Committee is observing new and innovative approaches to the maintenance of quality of care in Alberta's facilities.

Acute Care

The Health Facilities Review Committee notes several significant changes in the delivery of acute care services. Initiatives have been developed and implemented by health care providers in response to current economic circumstances.

The focus continues to be on rationalization and coordination of services within health care centres and within communities. To enhance the efficiency and effectiveness of health care services, innovative programs and initiatives have been developed.

Observations

- The patient's average length of hospital stay has decreased.
  - ..Pre-admission clinics introduced for elective surgical patients have resulted in shorter hospital stays.
  - ..Laparoscopic surgical techniques and other one-day procedures are replacing techniques that required longer hospital stays.
  - ..Discharge planning programs facilitate patients' discharge and arrange for alternatives to hospital-based care.
- There is an increasing demand for outpatient and ambulatory care services, clinics and outreach programs.
  - ..Crisis intervention and assessment services are important.
  - ..There is growing availability of post-hospital support and information services.
- There is increased emphasis on health promotion and preventive services.
  - ..Opportunities are provided for consumers to take on more responsibility, be better informed and participate in healthier lifestyles.

..Health care centres are assuming increased responsibility for providing consumer health information.

..Patients and family members are encouraged to take on more responsibility and participate in their care.

- Initiatives have been developed to raise public awareness of the challenges of health care and to gain public support for innovative solutions.

..Individuals and communities are encouraged to take a more active role.

..There is increasing emphasis on enhancing volunteer resources and services.

Patients' Expectations

Feedback from patients and families reflects common expectations that include:

- Access to quality health care, diagnostic and treatment services.

..Patients expect early response and assessment of their health care needs, minimal waiting lists and waiting times.

..Patients expect professional and support staff to be qualified, knowledgeable and available.

..Patients expect health care and support services to be available if needed following discharge from hospital.

- Opportunity to make well-informed choices.

..Patients expect to be consulted and informed about care, treatment, condition and prognosis.

- Reassurance that high standards of care are available.

..Patients expect care-providers and practices to reflect and follow established policies and procedures.

- Compassionate care and attention.

..Patients expect respect for both their privacy and dignity.

..Patients expect understanding, acceptance and attention to their psychological, social and spiritual needs as well as their physical needs.

..Patients expect care-givers to be kind, attentive, friendly and resourceful.

..Patients expect encouragement toward goals of recovery, discharge and independence.

- Support of family, friends and care providers.

..Patients expect front-line care-givers to be their advocates.

- Security and safety.

..Patients expect the hospital environment to be comfortable, clean and safe.

We Support

The Health Facilities Review Committee supports initiatives that enhance quality of care and the delivery of services.

We encourage:

- Patient-focused care.
- Open communication and information sharing.
- Effective interdisciplinary cooperation, planning and coordination of services to meet patients' needs.
- Patient and/or family involvement in decisions regarding the care plan.
- Ongoing evaluation of patient satisfaction, and patient, family and community needs and expectations.

Long Term Care

The population of people aged 65 years and over is increasing rapidly in Alberta as it is across Canada and in much of the industrialized world.

There is a gradual shift to more individual and community health care that provides alternatives to long duration institutional care.

The Health Facilities Review Committee recognizes two significant challenges facing health care providers in long term care:

- To respond to the changing needs, demands and expectations of residents, families and communities.
- To provide care and services more efficiently and effectively within current resources limitations.

Observations

- Cognitive Support Units are providing a quiet secure environment for residents with cognitive impairment or special behavioral needs. The benefits are being realized and appreciated by residents, families and care-givers.
- Day Programs provide individuals living at home with access to rehabilitation and socialization programs.
- Respite Care Programs are giving assistance and support to families who assume responsibility for caring for their loved one at home.
- Palliative Care Programs are effective in providing physical, spiritual and psychological comfort to terminally ill residents and their loved ones.
- Resident and family support programs provide opportunities for individuals to share experiences and receive support.

Residents' Expectations

Feedback from residents, families and friends indicates several factors that contribute to residents' sense of well-being and satisfaction.

- To be treated and cared for with consideration, respect and full recognition of dignity and individuality.
- To be fully informed of policies, services and related costs before or at the time of admission and during the resident's stay.
- To be fully informed of their care and treatment plan, prognosis and choices.
- To be encouraged and assisted in expressing individual likes and dislikes and in voicing concerns, without fear of repercussion.
- To be comfortable and safe, free from abuse and unnecessary physical and chemical restraints.
- To be involved in life enrichment and support programs.
- To be allowed privacy and adequate personal space.
- To have access to companionship of friends and family.
- To have access to rehabilitation, recreation, social activities, transportation and community involvement.

• To have opportunities to make choices and participate in decision making, regarding placement, type of room, accommodation, roommate, meals, possessions, activities, interests, treatment, care, visitors, living will and "advanced directives" and to be reassured their choices will be respected.

• To be reassured of continuing availability of care and appropriate response by care providers to their needs and concerns.

We Support

The Health Facilities Review Committee supports resident-focused initiatives and programs that provide:

• Individualized care.

• A combination of health care and life enrichment services in a home-like atmosphere.

• Holistic care that recognizes the importance of residents' social, intellectual, emotional and spiritual as well as physical needs.

The increasing importance of volunteers to enrich the services and programming available within facilities is being realized. Committee members note an increased emphasis on the recruitment, recognition and training of volunteers.

The importance of family involvement in institutional care, is being recognized. The challenge continues to be to enhance the role of families and to encourage family support.

Expenditures of Health Facilities Review Committee

(Reporting Period of April 1 to March 31)

1990/91	-	$391,376.96
1991/92	-	$443,260.58
1992/93	-	$408,533.45
1993/94	-	$321,479.26
1994/95	-	$266,924.19
1995/96	-	$264,137.72
1996/97	-	$237,021.20

Contacting the Committee

Alberta Health Facilities Review Committee

The Committee's office can be contacted toll free from anywhere in Alberta by dialing the Government of Alberta RITE operator at 310-0000 or by calling collect. Members of the public are encouraged to call, write to the Committee or visit the office.

Health Facilities Review Committee
8th Floor, Sterling Place
9940 106 Street NW
Edmonton, Alberta
T5K 2N2
Telephone: 427-4924
Fax: 427-0806

Health Facilities Review Committee Act

Copies of the Health Facilities Review Committee Act and Regulations are available from:

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